



APPLICATION

Convenience Zone Exemption

Mail to: **CalRecycle • Division of Recycling • Convenience Zone Section**
801 K Street • MS 15-59 • Sacramento, CA 95814-3533

1. Applicant Information

Applicant Name

Firm/Organization

Contact Person

Mailing Address

City

State

Zip

Phone

2. Zone(s) Proposed for Exemption

Priority Company Name of Supermarket

Address of Supermarket

1. _____
2. _____
3. _____
4. _____
5. _____

Attach additional sheet if necessary

3. Justification for Exemption

Attach additional sheet if necessary

4. Signature of Applicant:

The applicant declares that all the information submitted for the Division's consideration is true and accurate to the best knowledge and belief of the undersigned, who is duly authorized to sign this exemption request.

Applicant's Signature _____ Title _____

(If Applicable)

Date _____